

# WEEKLY BULLETIN



## CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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GUY P. JONES  
Editor

## MALE INVESTIGATOR IN VENEREAL DISEASE CONTROL FOLLOW-UP\*

By MALCOLM H. MERRILL, M. D.

Chief, Bureau of Venereal Diseases, California State Department of Public Health

The male investigator is coming to occupy a strategic place in our California venereal disease control program. This place has been won by the intelligent and conscientious efforts of a limited group of workers. They have succeeded in demonstrating that they can fulfill a definite need in a peace-time program and that their value is markedly accentuated during this war period. I have been invited to discuss here today the place of these male investigators in venereal disease control follow-up.

The material which I shall present is based largely upon our experience with the use of this personnel in California. I regret that I can not at least summarize experiences of other workers. This material is not available in the literature, however, and I have not had the opportunity of first-hand observation in other areas. I hope the blank spaces in my presentation will be filled in by subsequent discussion.

In a consideration of this one class of workers it will be necessary to touch briefly upon the activities of other health department personnel in order to orient the male investigator in relationship to his co-workers. Of particular interest is his relationship to other personnel who do epidemiologic work such as public health nurses and social workers. Later on I shall indicate how the division of field work between male investigators and public health has evolved during the past five years.

### Historical Development of the Classification of Male Investigator

Soon after the establishment of our State Bureau of Venereal Diseases in 1937 we undertook a study of

the various phases of the problem confronting us. A survey was made of all then existing facilities for carrying on a control program. The existing practices, both medical and social were studied. Physicians surveyed the medical problem, a consultant public health nurse was appointed to study and develop the epidemiological phase of the program as it related to the public health nursing program, and a public information editor was appointed to study and develop the lay educational phase of the program. We were also interested in determining the status of the prostitution problem, the existing police policies pertaining thereto and the possible place of prostitution in the over-all problem of venereal disease control.

In the first three classifications noted, namely, medical, public health nursing, and public education, we were fairly secure in designating the required background of training and experience of the personnel. For the investigation of the status of prostitution we had no preconceived notions as to the type of personnel desired.

The initial selections of male investigators were, for the most part, made for us. We started our male investigator career with the appointment of two men, one of whom had only a high school education and one dentist who was temporarily tired of dentistry. Both of these workers turned out quite well and within a few months we had a sizeable card index file of known houses of prostitution. We had rather voluminous reports on attitudes of prostitutes, pimps,

\* Presented at the Conference on Venereal Diseases Control Needs in Wartime. Hot Springs, Arkansas, October 22, 1942.

police officials, sheriffs, district attorneys, occasional judges, newspaper editors, and churchmen.

About this time, that is, early in 1938, the six months' temporary appointments permitted under civil service were drawing to a close and our State Personnel Board stepped in and set up an examination. In order to get a salary classification high enough to keep our two investigators the Personnel Board set the qualifications too high to admit the high school graduate. In the shuffle the latter was thereby eliminated. These initial minimum qualifications were as follows: Either (1) education equivalent to that represented by graduation from college with specialization in premedical subjects or from a college of pharmacy or dentistry and one year of experience in some phase of public health work, or (2) some other equivalent combination of education and similar experience. The salary range established was \$170.00 to \$210.00 per month. Out of some 125 candidates taking the examination some exceptional talent was found. The examination consisted of two parts. Those candidates successfully passing the first or written portion were admitted to the oral or interview portion of the examination. Some 45 candidates reached the oral interview of whom 26 were passed. The educational and experience background of this group was most varied. Several were former pharmacist mates in the navy with little or no formal education beyond high school; some were former army medical corps men; several were college graduates with training as a sanitarian; some were pharmacists; some registered nurses and so on.

The dentist soon resigned. The two vacant positions were then filled from the civil service list by a former pharmacist mate from the navy and a college graduate with past graduate training as a sanitarian. The pharmacist mate is still with us. The sanitarian is on leave with the marine corps. These two men did field work on a State wide basis for the three-year period of 1938 to 1940 inclusive. They participated in all phases of the program including investigative and epidemiologic work, assisting in clinics either in the genito-urinary section or the laboratory, educational work, including lecturing, supervision of clinic remodeling or construction, and numerous other odd jobs.

During this same period a second classification of male clinic attendants had been set up under civil service—for men who were assigned to full time clinic work. The salary range of this classification was \$110.00 to \$150.00 per month. These men were required to have either nursing or genito-urinary clinic or hospital attendant experience. I mention this classification because several of these men have

recently been advanced to the status of investigators and are serving exceptionally well in this capacity.

With the initiation of the National defense program in 1940 the potentialities for the use of the male investigator class of public health workers became manifest. Late in 1940, five additional investigators were added to the staff and assigned to local health departments. Since that time the number has been gradually expanded to the present number of 18 on the State staff plus an additional three paid from local funds or a total of 21 now employed. Four established State positions are at present unfilled due to loss to the armed forces.

During recent months the State Personnel Board has held a second examination for this classification. Under the stress of the war emergency it was necessary to lower the minimum requirements in order to secure an adequate number of candidates. The minimum requirements now are as follows: Education, Completion of the twelfth grade and three years experience in any one or combination of the following kinds of employment:

- (1) Licensed clinical laboratory technician.
- (2) Venereal disease clinic attendant (either with a public health clinic or with an urologist in private practice).
- (3) Registered nurse.
- (4) Registered pharmacist.
- (5) Medical social worker.
- (6) Public health investigator or inspector.
- (7) Army or Navy prophylactic station worker.

College training including courses in biological sciences or in a college of pharmacy or dentistry may be substituted for required experience on a basis of two years of education being equivalent to one year of experience, with a maximum substitution of two years of experience.

The salary range remained unchanged except that an emergency state adjustment has provided a temporary increase of \$15.00 per month to \$185.00 minimum salary.

A summary of the background of training and experience of our present State staff of 18 male investigators reveals the following: The average age of the group is 38 years. One has a master's degree; eight have A.B. or B.S. degrees; one has three years of college; four have two years of college; three have one year of college; one has high school only. The former occupations of the group are as follows: four had at some time done medical social work though only one of these had received formal education in this field; four were registered male nurses; two were former navy pharmacist mates, one supplemented by

salesman and the other by hospital and clinic attendant experience; two were salesmen; one a sanitarian, one a statistician, one did clerical work for another State agency, one was a bookkeeper, and one was a hospital attendant. This tabulation reveals a somewhat varied background of training and experience.

#### Resume of Qualifications Desired

As a result of our experience over the past five years in examining and observing the work of male investigators we have formulated some ideas concerning the desired qualifications. Formal university education is desirable though not necessarily essential. Honesty, sincerity, good judgment, native intelligence and maturity are the prime essentials. Experience in some phase of health work is helpful. This may be either as a nurse, a pharmacist mate in the navy, a sanitarian, army medical corps experience or even hospital attendant experience. Some previous contact with the health or medical field saves time in getting this personnel oriented yet some of our very good men have had no former contact with health work. Our former salesman and bookkeeper are doing acceptable work after only three months on the job. We have also observed that it is helpful to have a man who is a local resident in the community in which he is to work. Less time is required to establish relationship with the various community agencies and there is better appreciation of the local problem.

Should a permanent place be found in our public health program for this type of personnel we shall undoubtedly evolve formal educational requirements that will, beyond doubt, accentuate their usefulness. In the present emergency, however, we have concluded that we must screen whatever material is available, select the best and train this personnel into the job.

#### Training of Investigators

Let us now consider the problem of training of this heterogeneous group to do the specific job. Throughout our experience with male investigators we have attempted to give them every opportunity for special training. In the past four years we have sponsored two institutes of three weeks' duration for public health nurses, both of which were attended by male investigators. These were given at the University of California at Berkeley and at Los Angeles. One male investigator has attended Dr. Stokes' course at the University of Pennsylvania. During August of this year we provided, within the State Health Department, a two weeks' institute for male investigators. This was designed particularly to orient the new men recently appointed. Twenty-six investigators and

five men engaged in venereal disease educational work attended this institute. The experienced investigators were brought in from the field to participate in the course and contributed materially to the discussions. Over half of the course was devoted to demonstrations of techniques of interviews and in informal discussions of practical problems confronting the investigator.

In addition to these special courses much time and attention of the venereal disease control officers in the respective areas has been devoted to the in-service training and development of this personnel.

#### Functions of the Male Investigator

The functions of the male investigator have gradually evolved and the distribution of work between the public health nurse and the investigator has come about largely through trial and error.

I have already indicated that in peace times our investigators had most varied assignments. With the coming of the war we have more definitely circumscribed the fields of their activity. At the present time all investigators working in the State except two are assigned to local health departments. These two men working from the State level serve to coordinate the work of and serve as consultants to the investigators working in local departments.

(Continued in next issue)

#### SAN JOSE CONDUCTS PROTECTION SCHOOL

The City of San Jose conducted a plant and building protection school on November 13th and 14th. Recognized experts in subjects related to civilian defense presented papers covering the following subjects: "The Air Raid Warden," "Blackouts, Dim-outs, and Emergency Lighting Systems," "Effects of Aerial Bombing," "Outline of Plant Protection," "Protection of Plants and Buildings from Arson and Sabotage," "Industrial Safety and Its Correlation to Industrial Health," "Panic Prevention," "First Aid for Gas and Industrial Burns," "Gas Defense," "Gas Shelters," "Decontamination," "Organization of Emergency Medical Service and Training," and "Industrial Fire Hazards."

Motion pictures entitled "Wartime Factory" and "Fire Guard" were shown on each day. The California State Department of Public Health was represented by the Chief of the Bureau of Industrial Health who discussed the subject of "Industrial Safety and its Correlation to Industrial Health." The City Health Officer of San Jose spoke upon the "Organization of Emergency Medical Service and Training."

## MORBIDITY\*

## Complete Reports for Certain Diseases Recorded for Week Ending November 14, 1942

## Chickenpox

419 cases from the following counties: Alameda 38, Butte 5, Contra Costa 11, Fresno 8, Humboldt 1, Kern 30, Kings 2, Lassen 3, Los Angeles 67, Marin 6, Merced 6, Modoc 14, Monterey 9, Napa 3, Orange 26, Riverside 8, Sacramento 8, San Benito 5, San Bernardino 3, San Diego 55, San Francisco 41, San Joaquin 12, San Luis Obispo 1, San Mateo 5, Santa Clara 5, Santa Cruz 4, Solano 1, Sonoma 16, Stanislaus 13, Tehama 4, Trinity 1, Ventura 8.

## German Measles

37 cases from the following counties: Alameda 6, Kern 1, Los Angeles 8, Modoc 7, Orange 1, San Bernardino 1, San Diego 3, San Francisco 4, San Joaquin 1, Santa Clara 5.

## Measles

42 cases from the following counties: Alameda 4, Butte 1, Kern 1, Lake 1, Los Angeles 13, Modoc 7, Monterey 2, Orange 1, Sacramento 2, San Diego 3, San Francisco 4, San Mateo 2, Santa Clara 1.

## Mumps

310 cases from the following counties: Alameda 29, Contra Costa 1, El Dorado 2, Fresno 5, Humboldt 2, Kern 9, Kings 1, Los Angeles 94, Madera 1, Napa 1, Orange 18, Plumas 12, Riverside 1, Sacramento 2, San Bernardino 3, San Diego 32, San Francisco 23, San Joaquin 32, San Luis Obispo 6, San Mateo 12, Santa Clara 18, Santa Cruz 1, Stanislaus 2, Ventura 3.

## Scarlet Fever

116 cases from the following counties: Alameda 4, Butte 1, Colusa 1, Kern 1, Kings 1, Lassen 4, Los Angeles 43, Merced 1, Orange 7, Sacramento 3, San Bernardino 6, San Diego 8, San Francisco 8, San Joaquin 1, Santa Clara 15, Siskiyou 1, Stanislaus 3, Sutter 1, Ventura 1, Yuba 6.

## Whooping Cough

270 cases from the following counties: Alameda 49, Contra Costa 19, Fresno 12, Kern 5, Los Angeles 78, Merced 2, Modoc 1, Monterey 11, Orange 5, Riverside 1, Sacramento 10, San Diego 21, San Francisco 13, San Joaquin 6, San Luis Obispo 10, San Mateo 2, Santa Barbara 1, Santa Clara 14, Santa Cruz 1, Sonoma 2, Stanislaus 1, Sutter 1, Ventura 5.

## Diphtheria

37 cases from the following counties: Alameda 2, Butte 2, Contra Costa 1, Fresno 1, Los Angeles 5, Monterey 1, Napa 2, Sacramento 4, San Bernardino 4, San Diego 2, San Francisco 2, San Joaquin 2, Santa Clara 3, Stanislaus 1, Yuba 5.

## Epilepsy

45 cases from the following counties: Los Angeles 29, Sacramento 4, San Diego 1, San Francisco 6, Sonoma 5.

## Coccidioidal Granuloma

2 cases from Kern County.

## Dysentery (Bacillary)

17 cases from the following counties: Lassen 1, Los Angeles 6, Merced 1, Santa Cruz 1, Sonoma 8.

## Encephalitis (Infectious)

5 cases from the following counties: Kern 2, San Joaquin 1, Santa Clara 1, Stanislaus 1.

## Food Poisoning

2 cases from San Francisco.

## Influenza (Epidemic)

39 cases reported in the State.

## Jaundice (Infectious)

2 cases from San Luis Obispo County.

## Meningitis (Meningococcic)

4 cases from the following counties: Contra Costa 1, Los Angeles 3.

## Paratyphoid Fever

One case from Los Angeles County.

## Plague (Bubonic)

One case from Siskiyou County.

\* Data regarding the other reportable diseases not listed herein, may be obtained upon request.

## Pneumonia (Infectious)

45 cases reported in the State.

## Poliomyelitis (Acute Anterior)

16 cases from the following counties: Alameda 1, Fresno 3, Los Angeles 7, Monterey 1, San Diego 2, San Joaquin 1, Stanislaus 1.

## Rabies (Animal)

4 cases from the following counties: Los Angeles 3, San Diego 1.

## Relapsing Fever

One case from Placer County.

## Rheumatic Fever (Acute)

2 cases from the following counties: Fresno 1, Los Angeles 1.

## Tetanus

One case from Los Angeles County.

## Tularemia

2 cases from the following counties: Marin 1, Stanislaus 1.

## Typhoid Fever

2 cases: San Bernardino County 1, California 1.\*\*

## Undulant Fever

6 cases from the following counties: Los Angeles 2, Madera 1, San Diego 1, Sutter 1, Tulare 1.

\*\* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

## DEATHS AMONG JAPANESE

During the five years 1937 to 1941 inclusive, there were 3,043 deaths among Japanese registered in California. Of these, 498 were due to tuberculosis; 424, cancer; 378, diseases of the circulatory system; 361, external causes; 239, diseases of the nervous system; 179, diseases of the digestive system; 153, pneumonia; 145, nephritis; and 141, suicide.

Of the total, 270 deaths were those of infants, and during the five-year period 135 stillbirths were reported.

The percentages of deaths by cause are not vastly different from those for the total population of the State during the same period. It is interesting to note, however, that the number of cancer deaths exceeds the number of deaths for diseases of the circulatory system.

University of California  
Medical Library,  
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